OUTCOMES WORK GROUP

MH/MR/DD/BI Commission

March 16, 2006

Major Issues in Any System

- Ability to track service access and utilization across payer sources and providers;

- Need for information sharing protocols to assure client-level information sharing and data analysis at the County level from Medicaid and state payment/state facility data sources as well as from County-generated data;

- Need to develop and consistently apply, record and report level of functioning/diagnostic assessment data among counties, Medicaid and state institution services;

Major Issues in Any System (con't)

- Need to consistently collect and report consumer self-report information to analyze in concert with statistical data;

- Ability to maintain time series information that would permit analysis of changes in status (living arrangements, employment, etc.) across enrolled consumer populations over time [Note: CoMIS doesn't do this.]

- Need for up-dated population and service capacity information that quantitatively documents environmental variation among the Counties.

What can we do with what we have?

- Access

- Housing

- Employment

ACCESS

- Penetration rates (proportion of consumers actually served to total population or theoretical demand population)
- Timeliness of access to services (usually measured as elapsed time from intake to first service, time to respond to service needs for emergent, urgent and routine cases, etc.)
- Provider network adequacy (as measured by consumer choice of provider, adequate supply of provider capacity to meet demand, lack of delays or waiting lists to access services, etc.)
- Geographic and physical access (as measured by time to travel to providers, adequacy of public transportation, barrier-free facilities, etc.)

ACCESS—What we have now

- From current CoMIS data:
  - Number served divided by national prevalence data, population, or other proxy (e.g. number of non-elderly SSI recipients)
  - Elapsed time from service application approval to start of service
- Issue: how do we integrate SPP and Medicaid data?

HOUSING

- The individual has rights of tenancy under state/local tenant/landlord law
- The individual has choice in housing location, living arrangements, roommates, etc.
- Community services and supports are available to the individual but acceptance of services is not a condition of tenancy
- The housing is safe, decent and affordable (usually 30% but never more than 50% of the individual's income)

HOUSING—What we have now

- None of these specific items, but CoMIS data do have
  - Living arrangement (apartment, homeless, RCF, etc.)
  - Licensure
  - Facility size
- Issue: how do we integrate SPP and Medicaid data?

EMPLOYMENT

- Typically measured by combination of hours worked in independent employment and wages earned

- Data may or may not be available in CoMIS—not required by state data rules to separate income amounts by type but many counties do

Other CoMIS Limitations

- No history—time-series data analysis not possible

- Point in time looks can be useful as approximate indicators, e.g. if system goal is 50% employment and point in time snapshot shows 20% employed

- CoMIS just a piece of the system—need county-level data from Medicaid, SPP, and state institutions as required by data rules

CAUTIONS

- Tempting as it is, level of functioning is NOT a measure of how well a system is doing

- County-to-county comparisons are equally risky (If you've seen one county, you've seen one county.)

- When we start doing this, we'll see greater need for data integrity/QA

BUT

- There may be some useful comparisons:
  - County compare itself with like sized counties
  - Group reports of counties of like size
  - Group report of a region
  - Statewide totals
  - DHS compare IA with other states
- State can run last 4 types of reports
- Must be available more timely than now
- Each county has to be able to run its own but must have access to state data (SPP, Medicaid, and institutions) for folks from its county.
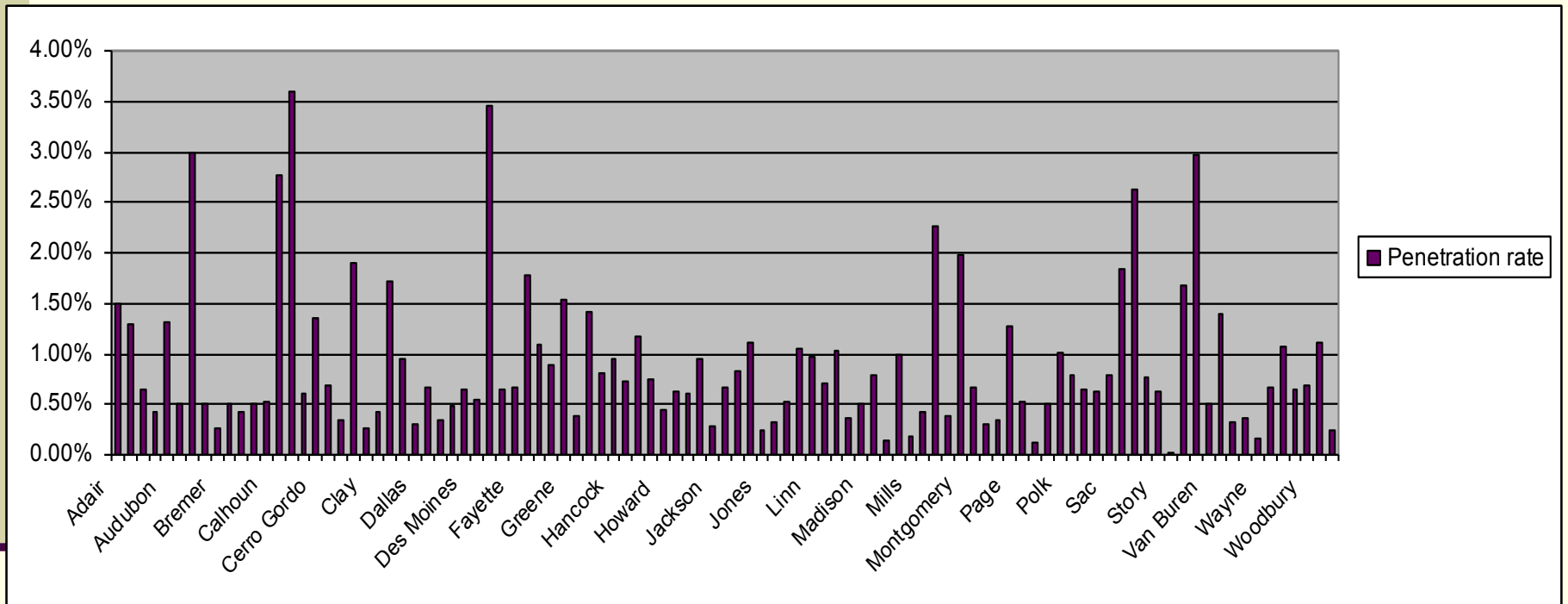
THE GUINEA PIGS

- How would reports which we can do from existing data look?
- Trial run of data from:
  - Allamakee
  - Polk
  - Winneshiek
  - State Payment Program [unable to report data]
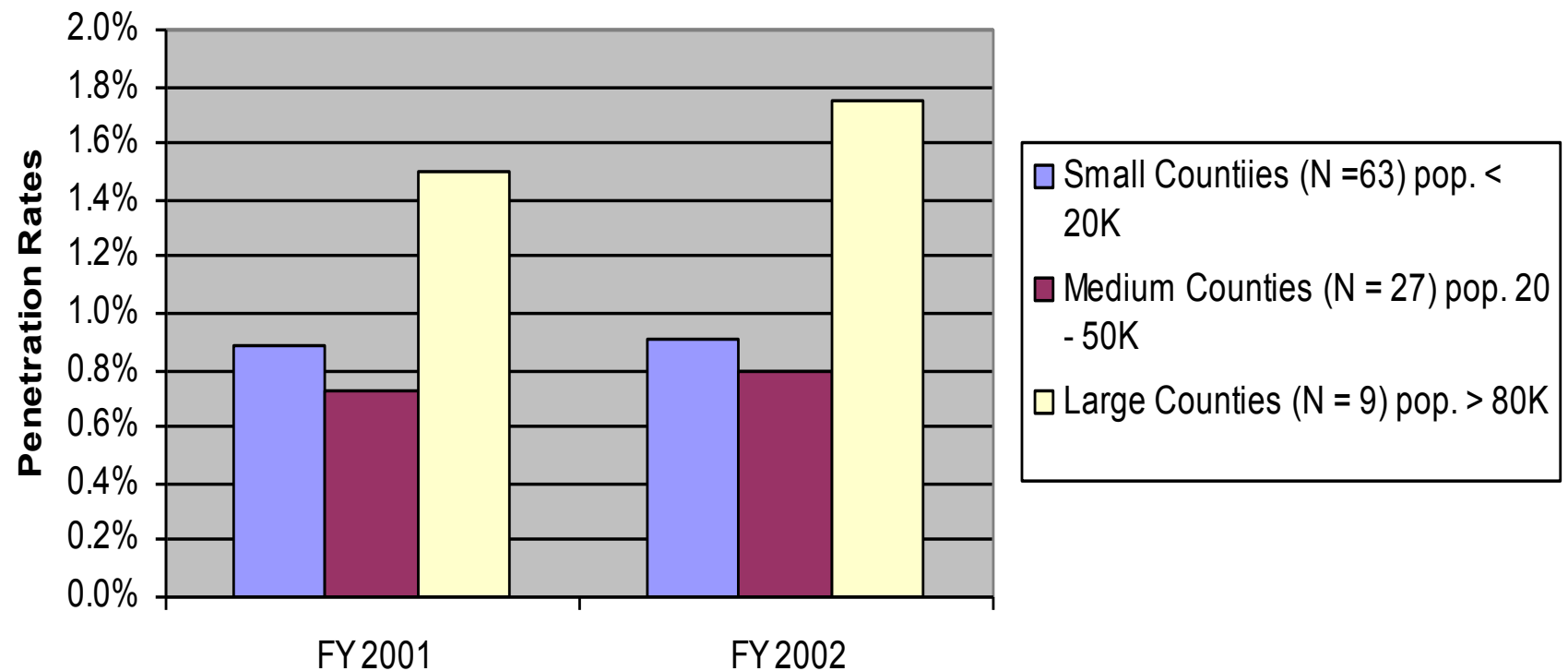- Present graphically rather than page of numbers

Client Counts by Counties

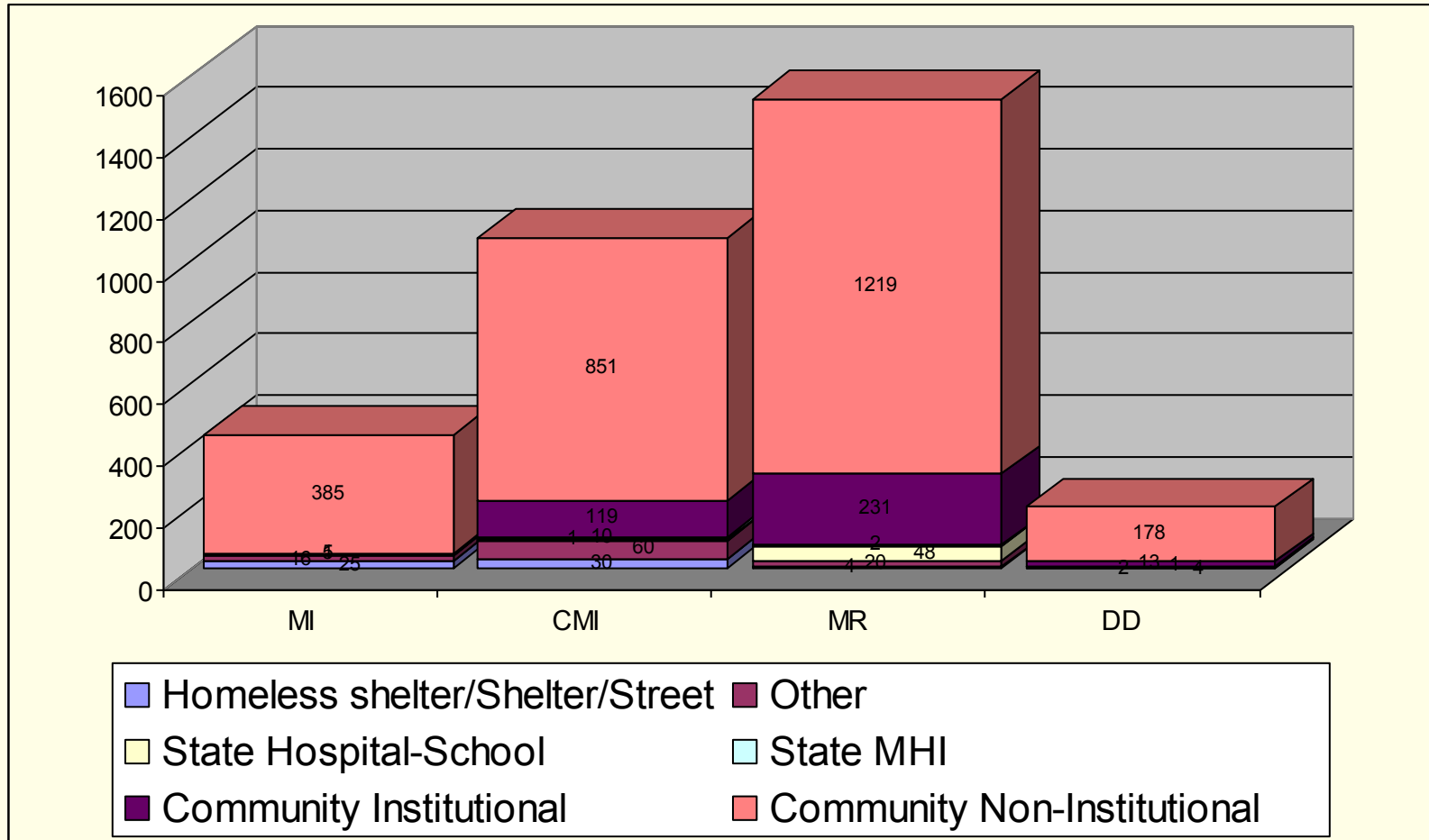|	MI	CMI	MR	DD	Total
Polk	437	1077	1532	207	3253
Allamakee	10	24	61	2	97
Winneshiek	19	17	66	5	107

Penetration Rate by County

Penetration Rates for County Funded Mental Health Services for Adults in Small and Medium (Rural) vs. Large (Urban) Counties
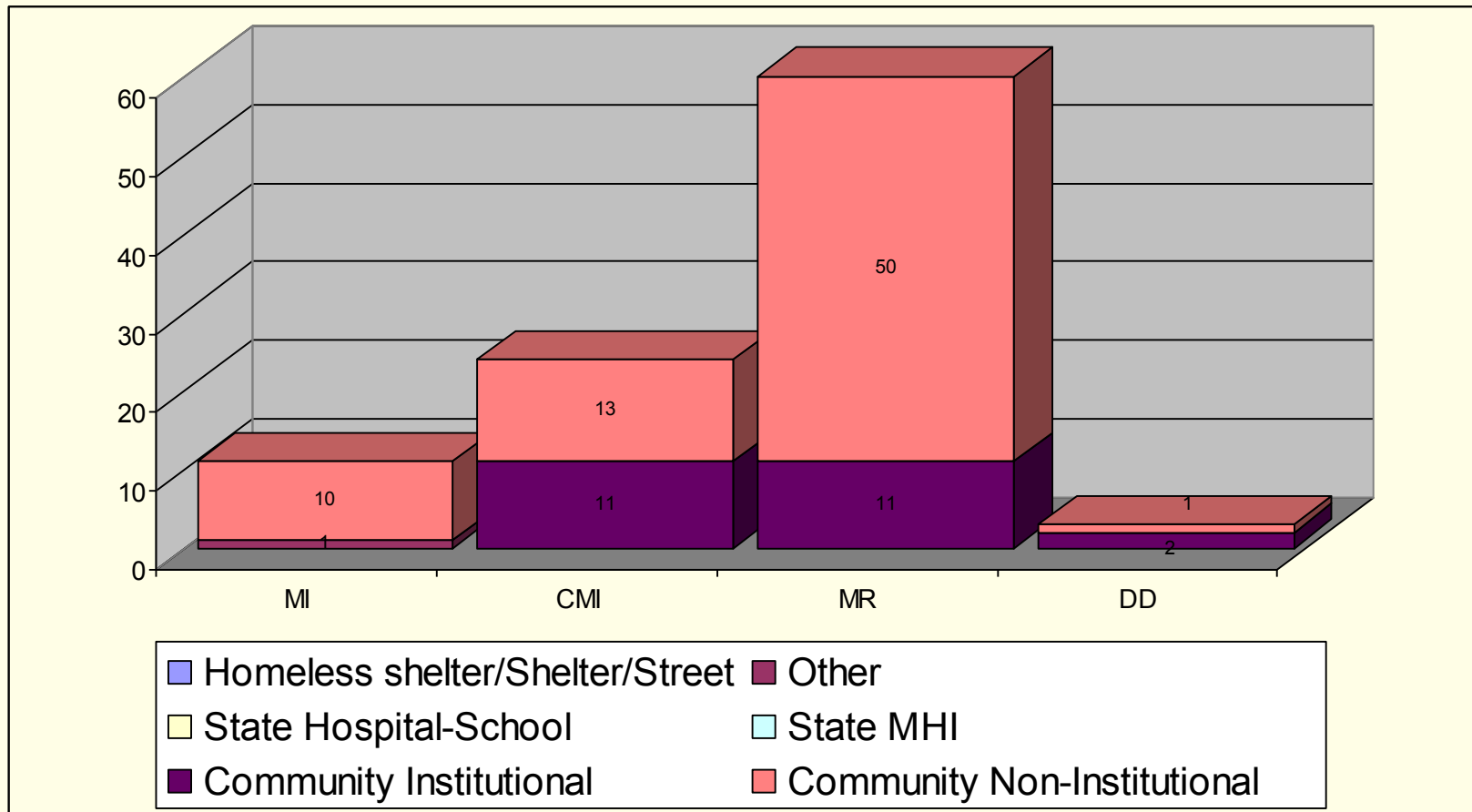
Penetration Rates

2.0%
1.8%
1.6%
1.4%
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%

FY 2001   FY 2002

☐ Small Countiies (N =63) pop. < 20K

■ Medium Counties (N = 27) pop. 20 - 50K

☐ Large Counties (N = 9) pop. > 80K

Time Between Notice of Decision and First Date of Service.

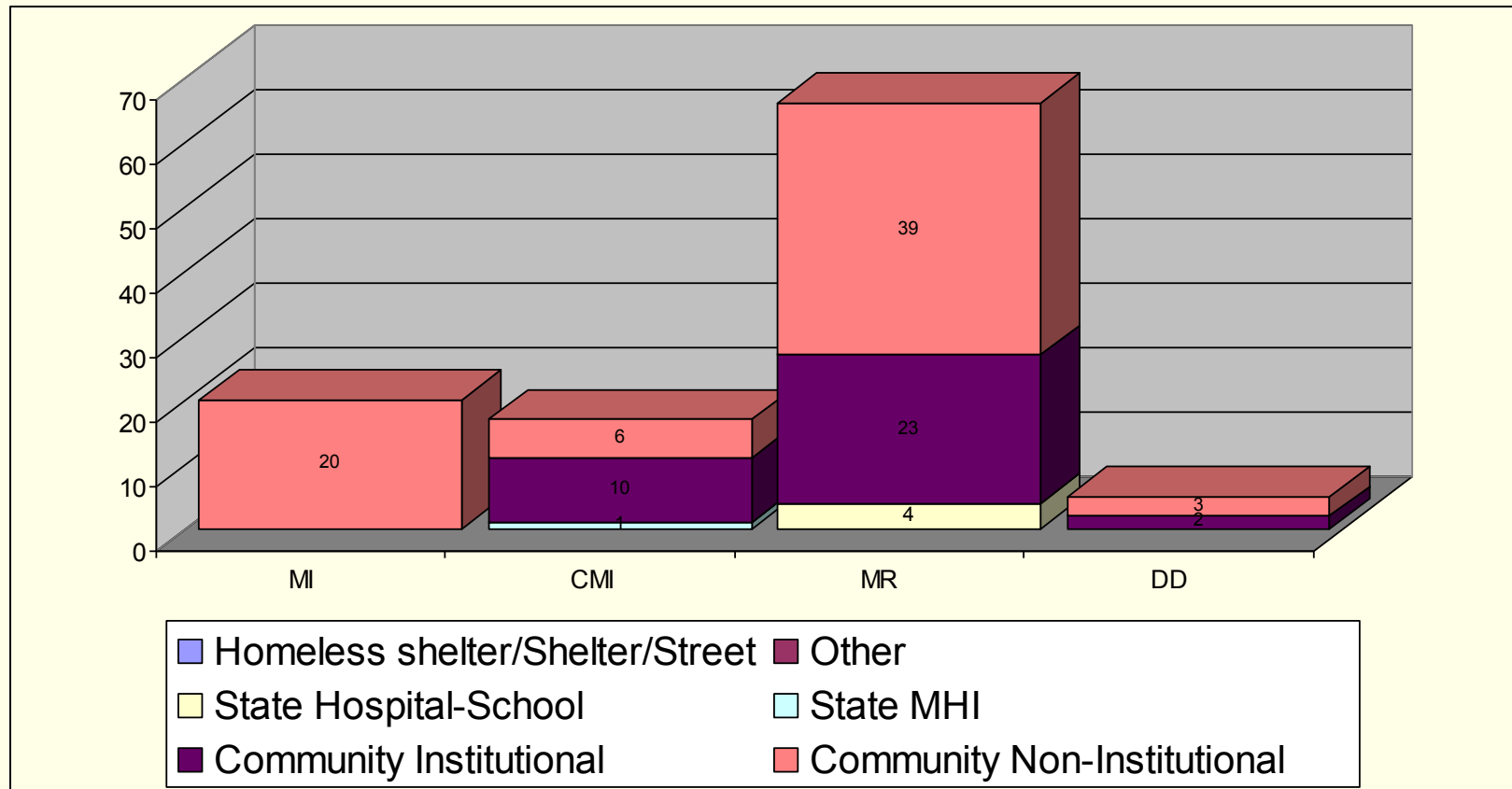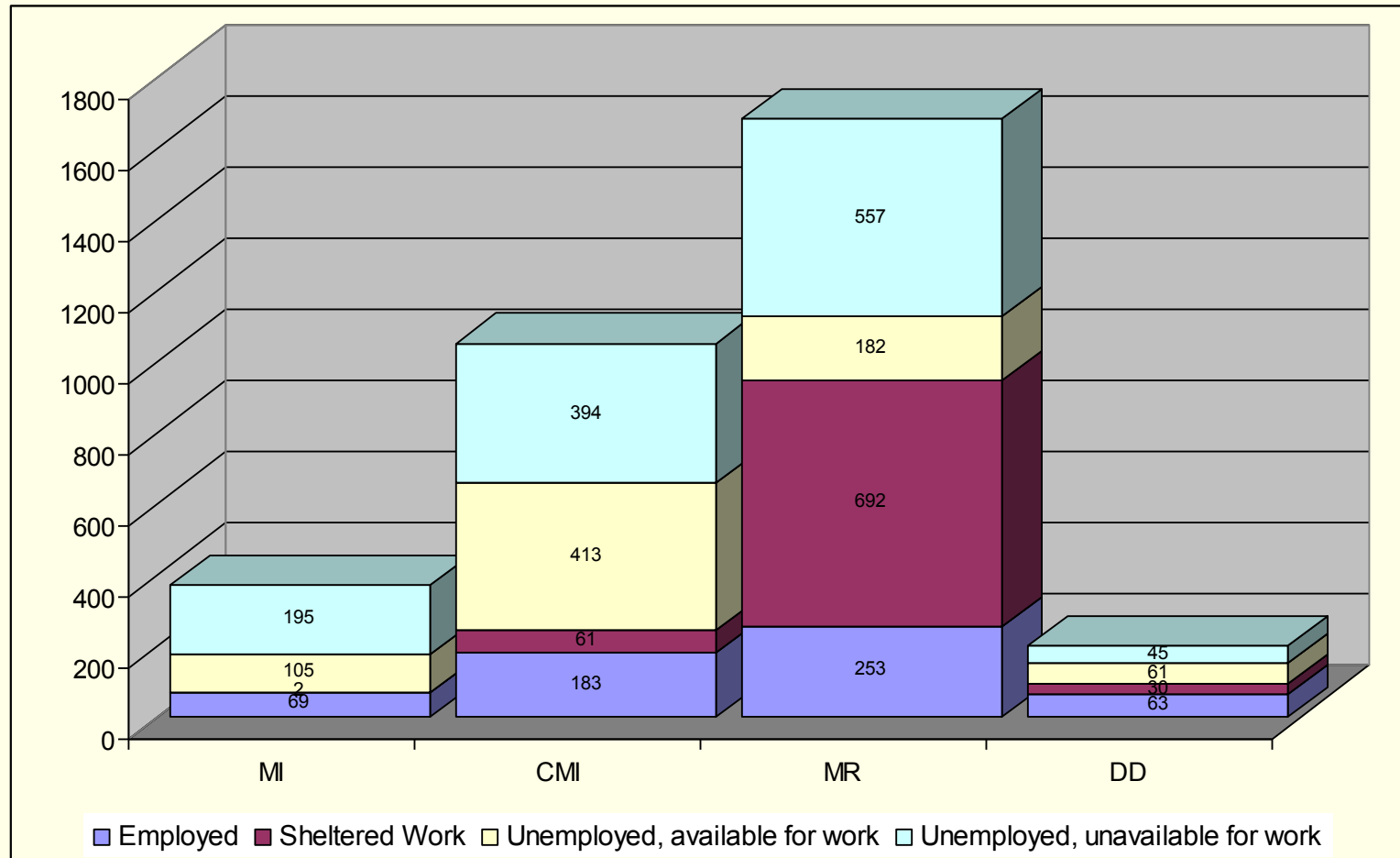|	
Polk	29
Allamakee	21
Winneshiek	61

Polk Living Arrangements

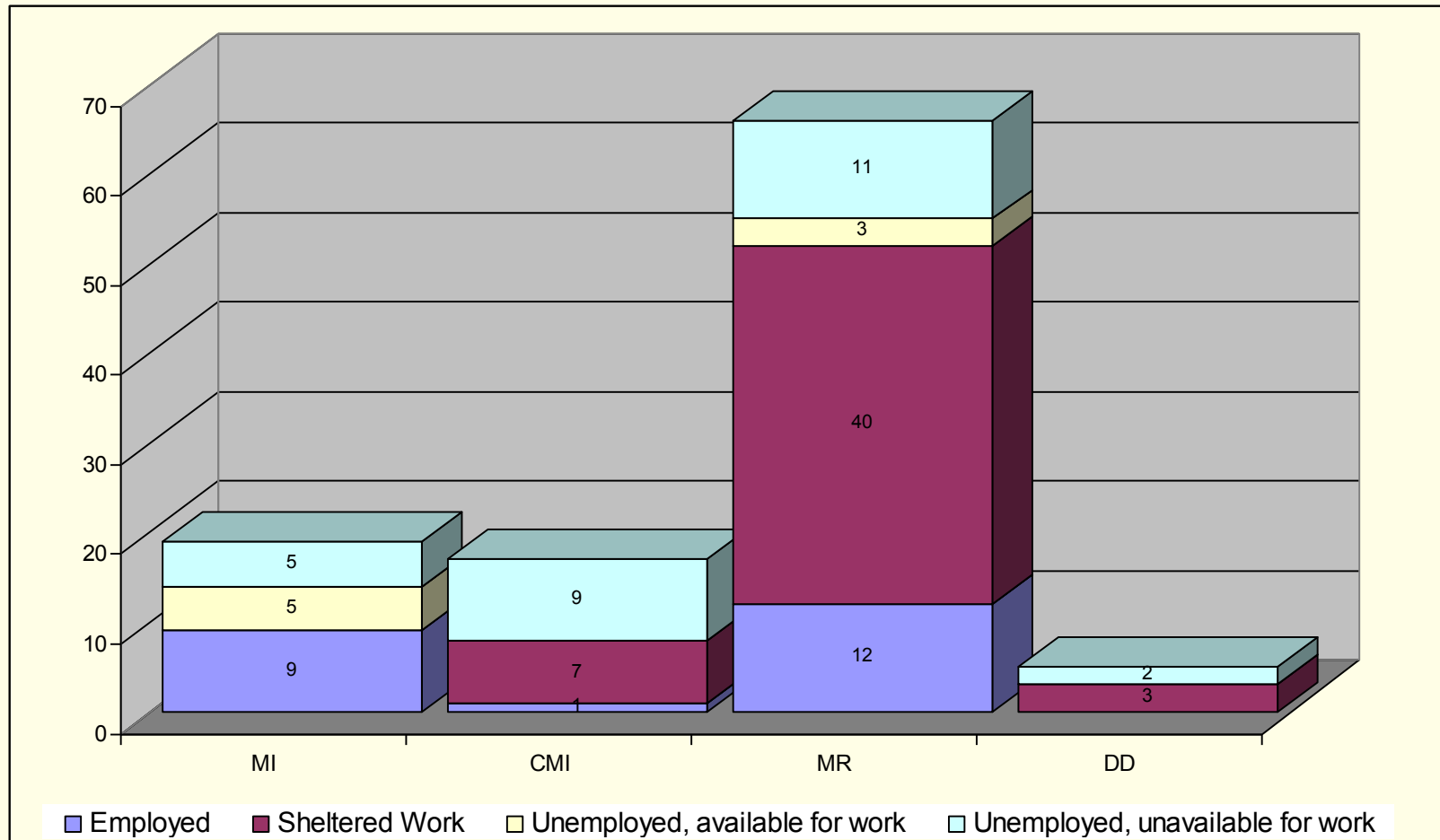# Allamakee Living Arrangements
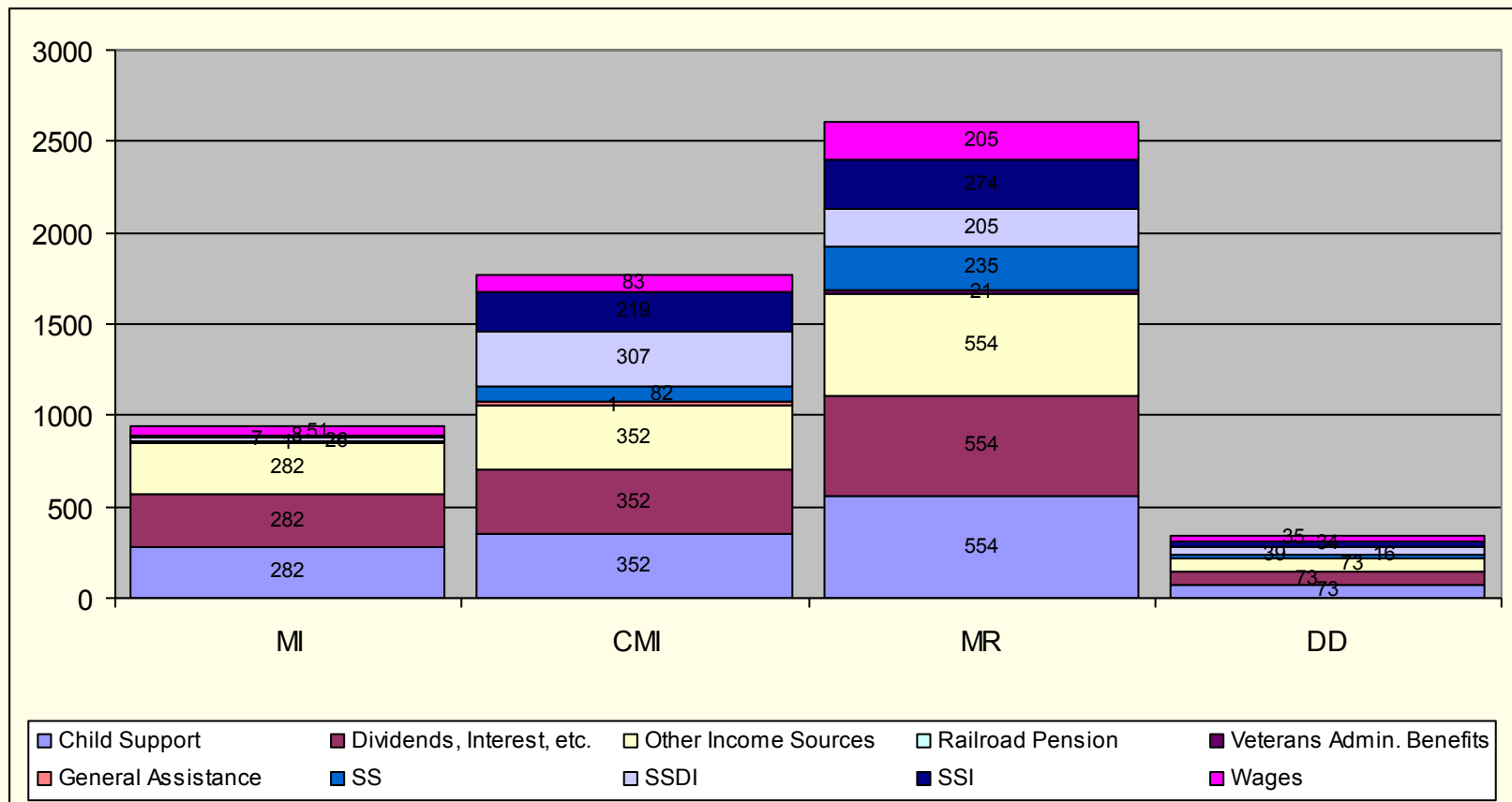
Winneshiek Living Arrangements

Polk Employment Status

	Employed	Sheltered Work	Unemployed, available for work	Unemployed, unavailable for work
MI	69	2	105	195
CMI	183	61	413	394
MR	253	692	182	557
DD	63	30	61	45

Allamakee Employment Status

Employed ■ Sheltered Work □ Unemployed, Available for Work □ Unemployed, Unavailable for Work
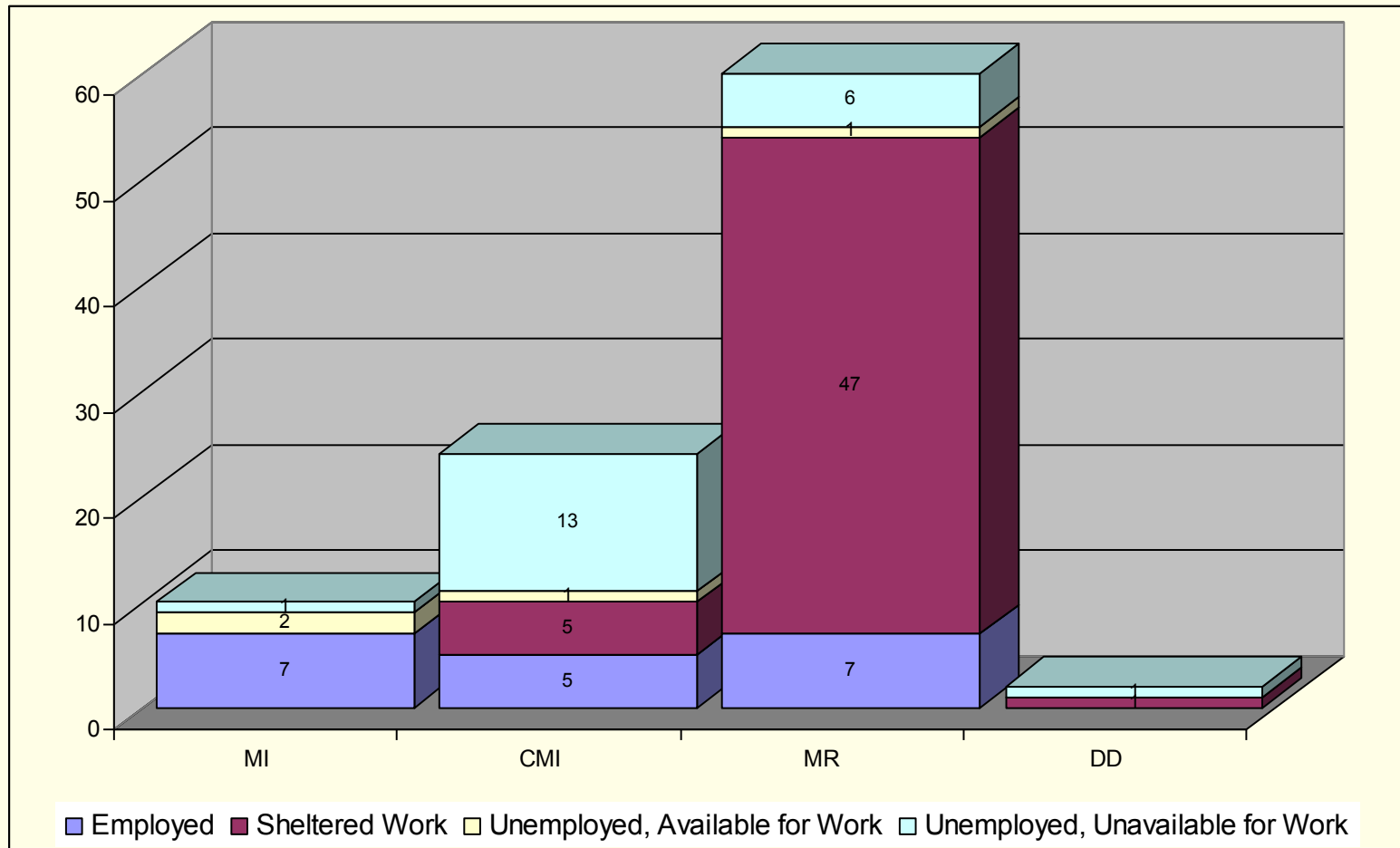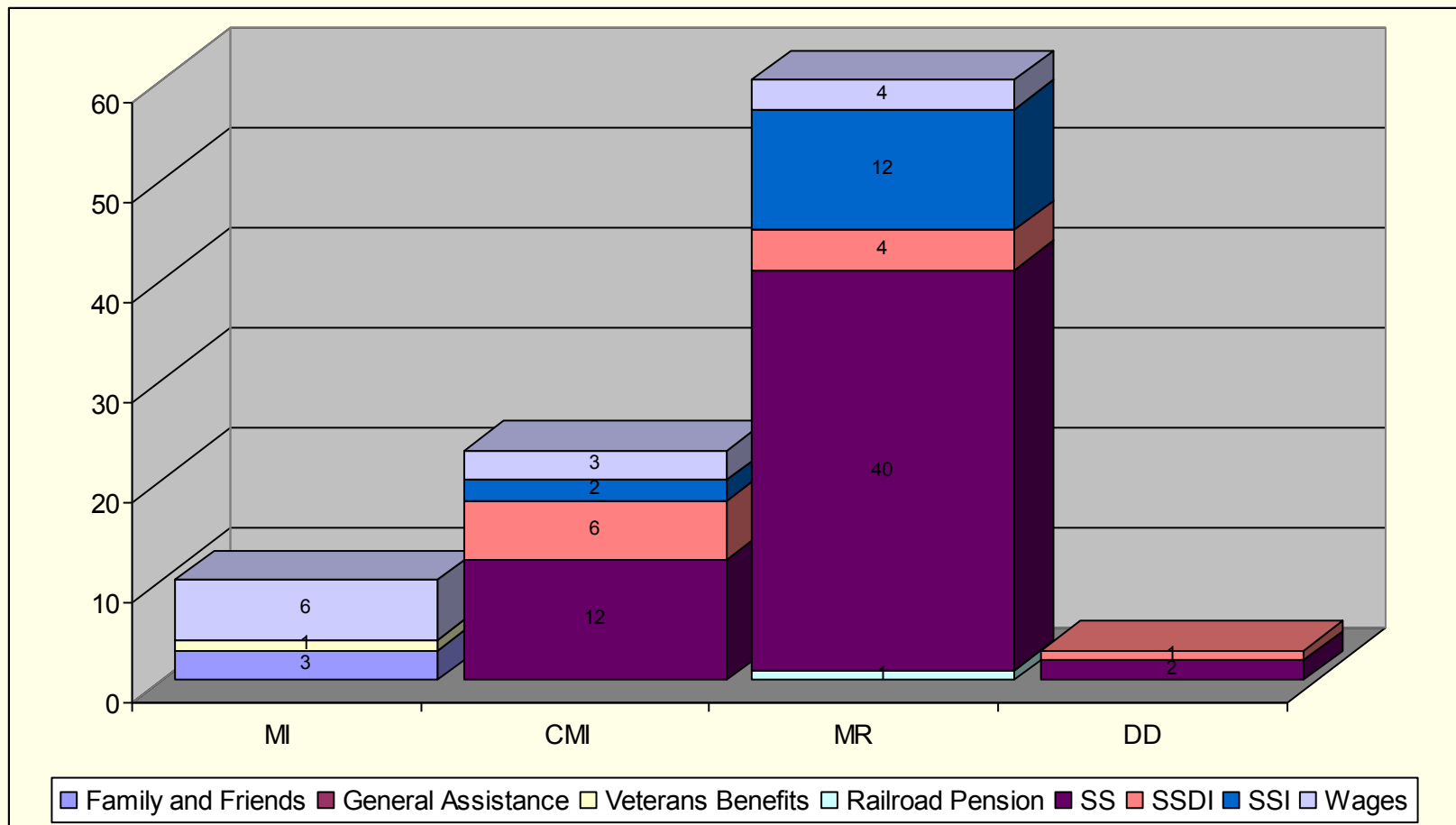
Winneshiek Employment Status

Polk Income Sources

Allamakee Income Source

Winneshiek Income Sources